



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

#6/A

**Applicant:** Kenichi MIKI

**Title:** DATA READ/WRITE CONTROLLING METHOD, DISK ARRAY APPARATUS, AND RECORDING MEDIUM FOR RECORDING DATA READ/WRITE CONTROLLING PROGRAM

**Appl. No.:** 09/878,270

**Filing Date:** June 12, 2001

**Examiner:** J. D. Torres

**Art Unit:** 2133

**RECEIVED**

MAR 18 2004

Technology Center 2100

**AMENDMENT AND REPLY UNDER 37 CFR 1.111**

Mail Stop NON-FEE AMENDMENT  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

This communication is responsive to the Non-Final Office Action dated December 31, 2003, concerning the above-referenced patent application.

**Amendments to the Abstract** are presented as a new Abstract attached to this document for insertion after the claim pages of the application (or to replace the previously submitted Abstract).

**Amendments to the Specification** begin on page 2.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this document.

**Remarks/Arguments** begin on page 6 of this document.

Please amend the application as follows:



Atty. Dkt. No. 047912-0136

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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AMENDMENT TRANSMITTAL

Mail Stop NON-FEE AMENDMENT  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous  
assertion of Small Entity status.

☐ Assertion of Small Entity status is enclosed.

☒ The fee required for additional claims is calculated below:

|  | Claims<br>As<br>Amended |   | Previously<br>Paid For |   | Extra Claims<br>Present |   | Rate    |          | Additional<br>Claims Fee |
|--|-------------------------|---|------------------------|---|-------------------------|---|---------|----------|--------------------------|
| Total Claims:  | 11                      | - | 20                     | = | 0                       | x | \$18.00 | =        | \$0.00                   |
| Independents:  | 5                       | - | 5                      | = | 0                       | x | \$86.00 | =        | \$0.00                   |
| First presentation of any Multiple Dependent Claims: |                         |   |                        |   |                         |   | +       | \$290.00 | = \$0.00                 |
| CLAIMS FEE TOTAL                                     |                         |   |                        |   |                         |   |         | =        | \$0.00                   |

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

|  |            |        |
|--|------------|--------|
| <input type="checkbox"/> Extension for response filed within the first month:  | \$110.00   | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the second month: | \$420.00   | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the third month:  | \$950.00   | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fourth month: | \$1,480.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fifth month:  | \$2,010.00 | \$0.00 |
| EXTENSION FEE TOTAL:   |            | \$0.00 |
| <input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):     | \$110.00   | \$0.00 |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:                                    |            | \$0.00 |
| <input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):        |            | \$0.00 |
| TOTAL FEE:   |            | \$0.00 |

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 17, 2004

By Thomas G. Bilodeau

FOLEY & LARDNER LLP  
Customer Number: 22428  
Telephone: (202) 672-5407  
Facsimile: (202) 672-5399

Thomas G. Bilodeau  
Attorney for Applicant  
Registration No. 43,438